

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

De Min Gu

Write the full name of each plaintiff.

CV

(Include case number if one has been assigned)

-against-

U. S. Department of Education,
MOHEDA

COMPLAINT

Do you want a jury trial?

Yes No

Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II.

2023 JUL 17 AM 9:45
ELECTRONIC FILING
BY MAIL OR PERSONAL DELIVERY IS PROHIBITED

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal-court jurisdiction in your case?

Federal Question

Diversity of Citizenship

A. If you checked Federal Question

Which of your federal constitutional or federal statutory rights have been violated?

citizen right

B. If you checked Diversity of Citizenship

1. Citizenship of the parties

Of what State is each party a citizen?

The plaintiff, _____, is a citizen of the State of _____
(Plaintiff's name)

(State in which the person resides and intends to remain.)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____

If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff.

If the defendant is an individual:

The defendant, _____, is a citizen of the State of
(Defendant's name)

or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of _____.

If the defendant is a corporation:

The defendant, _____, is incorporated under the laws of

the State of _____

and has its principal place of business in the State of _____

or is incorporated under the laws of (foreign state) _____

and has its principal place of business in _____.

If more than one defendant is named in the complaint, attach additional pages providing information for each additional defendant.

II. PARTIES

A. Plaintiff Information

Provide the following information for each plaintiff named in the complaint. Attach additional pages if needed.

First Name	Middle Initial	Last Name
P.O. Box 521990 801 20 Ave	M.	Gu
Street Address Flushing Brooklyn	NY	11352
County, City 718-679-7370	NY	11214
Telephone Number	State	Zip Code
	dq063950@gmail.com	
	Email Address (if available)	

B. Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

Defendant 1: U.S. Department of Education, MOHECA
First Name _____ Last Name _____

Current Job Title (or other identifying information)

633 spirit Drive

Current Work Address (or other address where defendant may be served)

Chesterfield MO 63005-1243
County, City _____ State _____ Zip Code _____

Defendant 2: _____
First Name _____ Last Name _____

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City _____ State _____ Zip Code _____

Defendant 3: _____
First Name _____ Last Name _____

Current Job Title (or other identifying information)

Current Work Address (or other address where defendant may be served)

County, City _____ State _____ Zip Code _____

Defendant 4:

First Name _____ Last Name _____

Current Job Title (or other identifying information) _____

Current Work Address (or other address where defendant may be served) _____

County, City _____ State _____ Zip Code _____

III. STATEMENT OF CLAIM

Place(s) of occurrence: In MO of U.S., at 633 spirit Drive Chesterfield

Date(s) of occurrence: 06/29/2023

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and what each defendant personally did or failed to do that harmed you. Attach additional pages if needed.

I submitted my application of "Public Service Loan Forgiveness" to MOHELA, U.S. Department of Education on 07/27/2022. On application page 1 of 6 at the bottom MOHELA wrote down - check this box if you can not obtain certification from your employer... The Department will follow up to assist you in getting document of your employment, I chose this box () , and I had attached two sheet paper to my application for explain reason. see proof application page 1 to page 4. Then I called MOHELA serval times, asked them : "Am I qualified?" They told me : " After one month to 75 days (I could not remember the exact number of days), if you are ~~not~~ unqualified, we will notify you by letter." I did not receive their letter, this means I am qualified.

On 06/01/2023 I called MOHELA to ask my application status. A lady said : " We need your employer information . You can submit your bank statements or ten year W-2 Forms . 08/15(?, I could not remember clearly)/23 is dead

line." First I went to East West bank, at bank statement was cash storage not check storage, the amount of money is wrong too. I clearly remembered my last employer, Community Home Care Referrals Service, INC to request me to submit a check on which there are bank Routing Number and my Account Number. My employers have never given me cash. Who amended check storage to cash storage? The bank did not know too. To do this thing was intelligence Agency members. Thus I really need a lawyer. On 06/14/23 I faxed W-2 Forms to MOHELA: 866-222-7060. See proof page p5. I immediately called MOHELA to ask whether received. A sir answered: "I do not know. Call again in a few days." (See attached page 1)

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

IV. RELIEF

State briefly what money damages or other relief you want the court to order.

I want to get my Public Service Loan Forgiveness right

Attached page 1

On 06/19/23 I called MOHECA, the phone could not go through. I only could call my new Loan Servicer, Nelnet to request help. Nelnet told me: "Tomorrow call them." On 06/20/23 I called MOHECA, they said: "We did not receive your W-2 Forms." I said: "I faxed them immediately now again. I am in fax store now." See proof page P6. After fax I at once called MOHECA, they said: "We do not receive." I said again: "On 06/15/23 I have mailed my w-2 forms to you by certified mail, the post office told me that today you will receive it." See proof page P7.

On 06/29/23 I called MOHECA, asked the final result of my application. A miss told me: "Your employer was not qualified." I said: "Please mail a letter to me, send to my P.O. Box." She said: "You want to get a letter?" I answered: "Yes." She said: "After 7-10 days you will receive our letter." I asked her again: "Can I appeal?" She gave me 800-433-3243 for appeal. I told her: "I will go to court." But until now 15 days passed, I have not received ~~this~~ letter of MOHECA.

In recently days I found my two employer EIN:

1. Chinese-American Planning Council Home Attendant Program, Inc.

EIN: 133203211

2. Partners in care. EIN: 13-3885148

Both of them are qualified employers with PSLT. My other employer's nature of the work same as them, and when I was hired they need the same certificate of Home Health Aide. Why are these two employer qualified; the other employers are not qualified? Therefore MOHECA was wrong to judge my employers' eligibility.

I attached ten year 22 page w-2 Forms to my complaint. please

check

V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

07/14/2023		<u>Alexis Gu</u>	
Dated	Plaintiff's Signature		
De	M.	Gu	
First Name Po Box 527990 8011 20 Ave	Middle Initial	Last Name ..	
Street Address Flushing Brooklyn	NY	11352	
County, City 718-679-7370	NY	11214	
Telephone Number	State Zip Code		
	d9063950@gmail.com		
	Email Address (if available)		

I have read the Pro Se (Nonprisoner) Consent to Receive Documents Electronically:

Yes No

If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form.

 Internal Revenue Service
United States Department of the Treasury
PHILADELPHIA, PA 19255-1498

Attached ten year 22 page

W-2 Forms

Tracking ID: 104671567675
Date of Issue: 06-02-2023

001631.326891.242313.25553 1 MB 0.531 532



DE M GU
PO BOX 527990
FLUSHING, NY 11352

001631

Tax Period: December, 2013

Information about the Request We Received

We've enclosed the transcript that you requested on June 02, 2023, for the tax period listed above.

To protect the taxpayer's privacy, transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A wage and income transcript contains data from information returns we received, such as Form W-2.

If you have any questions, you can call 800-829-1040.

 Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 06-02-2023
Response Date: 06-02-2023
Tracking Number: 104671567675

Wage and Income Transcript

SSN Provided: XXX-XX-9514
Tax Period Requested: December, 2013

Tax Period 2013 P 1/2

Form W-2 Wage and Tax Statement

001631

Employer:
Employer Identification Number (EIN):XXXXX5148
NEW
1250 B

Employee:
Employee's Social Security Number:XXX-XX-9514
D M G
9436 4

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$17,026.00
Federal Income Tax Withheld:	\$713.00
Social Security Wages:	\$17,026.00
Social Security Tax Withheld:	\$1,055.00
Medicare Wages and Tips:	\$17,026.00
Medicare Tax Withheld:	\$246.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

Form 1098-E Student Loan Interest Statement

Recipient/Lender:
Recipient's Federal Identification Number (FIN):XXXXX8289
GRAN
4 BARR

Borrower:
Borrower's Social Security Number:XXX-XX-9514
GU,D M

Tracking Number: 104671567675 Tax Period 2013 P 2/2

9436 4

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXX1401
Loan Origination Fees:
Not checked - does include loan origination fees and/or capitalized interest,
and the loan was made before September 1, 2004
Student Loan Interest Received by Lender:.....\$682.00

Form 1098-E Student Loan Interest Statement

Recipient/Lender:
Recipient's Federal Identification Number (FIN):XXXXX3973
SALL
2001 E

Borrower:
Borrower's Social Security Number:XXX-XX-9514
G D MI
PO BOX

Submission Type:.....Original document
Account Number (Optional):.....XXXXXX5141
Loan Origination Fees:
Not checked - does include loan origination fees and/or capitalized interest,
and the loan was made before September 1, 2004
Student Loan Interest Received by Lender:.....\$1,879.00

This Product Contains Sensitive Taxpayer Data

 Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 06-02-2023
Response Date: 06-02-2023
Tracking Number: 104671567675

Wage and Income Transcript

SSN Provided: XXX-XX-9514
Tax Period Requested: December, 2014

Tax Period 2014 P1/3

Form W-2 Wage and Tax Statement

001638

Employer:

Employer Identification Number (EIN):XXXXX5148
NEW
1250 B

Employee:

Employee's Social Security Number:XXX-XX-9514
D M G
5216 S

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$8,119.00
Federal Income Tax Withheld:	\$273.00
Social Security Wages:	\$8,119.00
Social Security Tax Withheld:	\$503.00
Medicare Wages and Tips:	\$8,119.00
Medicare Tax Withheld:	\$117.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX2220
ALL
50 BRO

Employee:

Employee's Social Security Number:XXX-XX-9514

Tracking Number: 104671567675

Tax Period 2014 PZ/3D M G
5216 7

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$9,603.00
Federal Income Tax Withheld:	\$1,021.00
Social Security Wages:	\$9,603.00
Social Security Tax Withheld:	\$595.00
Medicare Wages and Tips:	\$9,603.00
Medicare Tax Withheld:	\$139.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Statutory Employee

Form 1098-E Student Loan Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN): XX-XXX4239
GRAN
4 BARR

Borrower:

Borrower's Social Security Number: XXX-XX-9514
GU,D M
5216 7

Submission Type:	Original document
Account Number (Optional):	XXXXXXX1401
Loan Origination Fees:	
Not checked - does include loan origination fees and/or capitalized interest, and the loan was made before September 1, 2004	
Student Loan Interest Received by Lender:	\$553.00

Form 1098-E Student Loan Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN): XXXXX3973
NAVI
2001 E

Borrower:

Borrower's Social Security Number: XXX-XX-9514
G D MI
PO BOX

Submission Type:	Original document
Account Number (Optional):	XXXXXX5141

Tracking Number: 104671567675

Tax Period 2014 P313

Loan Origination Fees:

Not checked - does include loan origination fees and/or capitalized interest,
and the loan was made before September 1, 2004

Student Loan Interest Received by Lender:.....\$1,284.00

This Product Contains Sensitive Taxpayer Data

001638


Internal Revenue Service
 United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

 Request Date: 06-02-2023
 Response Date: 06-02-2023
 Tracking Number: 104671567675

Wage and Income Transcript

SSN Provided: XXX-XX-9514

Tax Period Requested: December, 2015

Tax Period 2015 P 4/5

Form W-2 Wage and Tax Statement

001639

Employer:
 Employer Identification Number (EIN):XXXXX8954
 COMM
 3920 1

Employee:
 Employee's Social Security Number:XXX-XX-9514
 D MI G
 2 FL

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$6,334.00
Federal Income Tax Withheld:	\$218.00
Social Security Wages:	\$6,334.00
Social Security Tax Withheld:	\$392.00
Medicare Wages and Tips:	\$6,334.00
Medicare Tax Withheld:	\$91.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:
 Employer Identification Number (EIN):XXXXX3432
 ABC
 133 40

Employee:
 Employee's Social Security Number:XXX-XX-9514

Tracking Number: 104671567675

Tax Period 2015 P2/5DEMI G
5216 7

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$1,810.00
Federal Income Tax Withheld:	\$99.00
Social Security Wages:	\$1,810.00
Social Security Tax Withheld:	\$112.00
Medicare Wages and Tips:	\$1,810.00
Medicare Tax Withheld:	\$26.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:

Employer Identification Number (EIN):XXXXX3211
CHIN
1 YORK

Employee:

Employee's Social Security Number:XXX-XX-9514
D MI G
5216 7

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$2,539.00
Federal Income Tax Withheld:	\$240.00
Social Security Wages:	\$2,539.00
Social Security Tax Withheld:	\$157.00
Medicare Wages and Tips:	\$2,539.00
Medicare Tax Withheld:	\$36.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00

Tax Period 2015 P 3/5

Tracking Number: 104671567675
 Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
 Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:.....\$0.00
 Third Party Sick Pay Indicator:.....Unanswered
 Retirement Plan Indicator:.....Unanswered
 Statutory Employee:.....Not Statutory Employee

Form W-2 Wage and Tax Statement

Employer:
 Employer Identification Number (EIN):XXXXX2220
 ALLM
 50 BRO

Employee:
 Employee's Social Security Number:XXX-XX-9514
 D G
 5216 7

001639

Submission Type:.....Original document
 Wages, Tips and Other Compensation:.....\$1,869.00
 Federal Income Tax Withheld:.....\$208.00
 Social Security Wages:.....\$1,869.00
 Social Security Tax Withheld:.....\$115.00
 Medicare Wages and Tips:.....\$1,869.00
 Medicare Tax Withheld:.....\$27.00
 Social Security Tips:.....\$0.00
 Allocated Tips:.....\$0.00
 Dependent Care Benefits:.....\$0.00
 Deferred Compensation:.....\$0.00
 Code "Q" Nontaxable Combat Pay:.....\$0.00
 Code "W" Employer Contributions to a Health Savings Account:.....\$0.00
 Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:.....\$0.00
 Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:.....\$0.00
 Code "R" Employer's Contribution to MSA:.....\$0.00
 Code "S" Employer's Contribution to Simple Account:.....\$0.00
 Code "T" Expenses Incurred for Qualified Adoptions:.....\$0.00
 Code "V" Income from exercise of non-statutory stock options:.....\$0.00
 Code "AA" Designated Roth Contributions under a Section 401(k) Plan:.....\$0.00
 Code "BB" Designated Roth Contributions under a Section 403(b) Plan:.....\$0.00
 Code "DD" Cost of Employer-Sponsored Health Coverage:.....\$0.00
 Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:.....\$0.00
 Third Party Sick Pay Indicator:.....Unanswered
 Retirement Plan Indicator:.....Unanswered
 Statutory Employee:.....Not Statutory Employee

Form 1098-E Student Loan Interest Statement

Recipient/Lender:
 Recipient's Federal Identification Number (FIN):XX-XXX4239
 GRAN
 4 BARR

Borrower:
 Borrower's Social Security Number:XXX-XX-9514
 GU,D M
 5216 7

Submission Type:.....Original document
 Account Number (Optional):.....XXXXXXX1401
 Loan Origination Fees:
 Not checked - does include loan origination fees and/or capitalized interest,
 and the loan was made before September 1, 2004

Tracking Number: 104671567675
 Student Loan Interest Received by Lender: \$489.00
 Tax Period 2015

Form 1098-E Student Loan Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN):XXXXX8289
 US D
 PO BOX

Borrower:

Borrower's Social Security Number:XXX-XX-9514
 GU D M
 PO BOX

Submission Type:.....Original document
 Account Number (Optional):.....XXXXXXXXXXXX7581

Loan Origination Fees:

Not checked - does include loan origination fees and/or capitalized interest,
 and the loan was made before September 1, 2004
 Student Loan Interest Received by Lender:.....\$1,766.00

Form 1098-E Student Loan Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN):XXXXX3973
 NAVI
 2001 E

Borrower:

Borrower's Social Security Number:XXX-XX-9514
 G D MI
 PO BOX

Submission Type:.....Original document
 Account Number (Optional):.....XXXXXX5141

Loan Origination Fees:

Not checked - does include loan origination fees and/or capitalized interest,
 and the loan was made before September 1, 2004
 Student Loan Interest Received by Lender:.....\$1,321.00

Form 1099-R Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs

Payer:

Payer's Federal Identification Number (FIN):XXXXX1074
 STAT
 P O BO

Recipient:

Recipient's Identification Number:XXX-XX-9514
 D MI G
 5216 7

Submission Type:.....Original document
 Account Number (Optional):.....XXXXXXXX Q02

Distribution Code Value:.....Normal distribution

Distribution Code:.....7

Distribution Code Value:.....Not significant

Distribution Code:.....Blank

Tax Amount Undetermined Code:.....Not checked

Total Distribution Code:.....Total Distribution

First Year Roth Contribution:.....0000

SEP Indicator:.....IRA/SEP/SIMP box not checked

Tax Withheld:.....\$98.00

Total Employee Contributions:.....\$0.00

Unrealized Appreciation:.....\$0.00

Other Income:.....\$0.00

Tax Period 2015-07-15

Tracking Number:	104671567675
Gross Distribution:	\$493.00
Taxable Amount:	\$493.00
Eligible Capital Gains:	\$0.00
Amount to IRR:	\$0.00

This Product Contains Sensitive Taxpayer Data

001639

 Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 06-02-2023
Response Date: 06-02-2023
Tracking Number: 104671567675

Wage and Income Transcript

SSN Provided: XXX-XX-9514
Tax Period Requested: December, 2016

Tax Period 2016 P 1/2

Form W-2 Wage and Tax Statement

001630

Employer:
Employer Identification Number (EIN):XXXXX8954
COMM
3920 1

Employee:
Employee's Social Security Number:XXX-XX-9514
D MI G
2 FL

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$14,115.00
Federal Income Tax Withheld:	\$552.00
Social Security Wages:	\$14,115.00
Social Security Tax Withheld:	\$875.00
Medicare Wages and Tips:	\$14,115.00
Medicare Tax Withheld:	\$204.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee
W2 Submission Type:	Original
W2 WHC SSN Validation Code:	Correct SSN

Form 1098-E Student Loan Interest Statement

Recipient/Lender:
Recipient's Federal Identification Number (FIN):XXXXX8289
US D
PO BOX

Borrower:

Tracking Number: 104671567675

Tax Period 2016 P2/2

Borrower's Social Security Number:XXX-XX-9514
GU D M
PO BOX

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXXXX7581
Loan Origination Fees:
Not checked - does include loan origination fees and/or capitalized interest,
and the loan was made before September 1, 2004
Student Loan Interest Received by Lender:.....\$1,214.00

Form 1099-G

Payer:
Payer's Federal Identification Number (FIN):XXXXX3200
STAT
110 ST

Recipient:
Recipient's Identification Number:XXX-XX-9514
GU-D M
5216 7

Submission Type:.....Original document
Account Number (Optional):.....XXXX7093
RTAA Payments:.....\$0.00
Tax Withheld:.....\$0.00
Taxable Grants:.....\$0.00
Unemployment Compensation:.....\$0.00
Agricultural Subsidies:.....\$0.00
Prior Year Refund:.....\$154.00
Market gain on Commodity Credit Corporation loans repaid:.....\$0.00
Year of Refund:.....2015
1099G Offset:.....Not Refund, Credit, or Offset for Trade or Business

This Product Contains Sensitive Taxpayer Data

 Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 06-02-2023
Response Date: 06-02-2023
Tracking Number: 104671567675

Wage and Income Transcript

SSN Provided: XXX-XX-9514
Tax Period Requested: December, 2017

Tax Period 2017 P1/3

Form W-2 Wage and Tax Statement

001637

Employer:

Employer Identification Number (EIN):XXXXX8954
COMM
3920 1

Employee:

Employee's Social Security Number:XXX-XX-9514
D MI G
2 FL

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$11,075.00
Federal Income Tax Withheld:	\$360.00
Social Security Wages:	\$11,075.00
Social Security Tax Withheld:	\$686.00
Medicare Wages and Tips:	\$11,075.00
Medicare Tax Withheld:	\$160.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:	\$0.00
Code "FF" Permitted benefits under a qualified small employer health reimbursement arrangement:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee
W2 Submission Type:	Original
W2 WHC SSN Validation Code:	Correct SSN

Form 1098-E Student Loan Interest Statement

Recipient/Lender:

Recipient's Federal Identification Number (FIN):XXXXX8289
US D
PO BOX

Tracking Number: 104671567675

Tax Period 2017 P2/3**Borrower:**

Borrower's Social Security Number: XXX-XX-9514
 GU D M
 PO BOX

Submission Type: Original document
 Account Number (Optional): XXXXXXXXXXXX7581
Loan Origination Fees:
 Not checked - does include loan origination fees and/or capitalized interest,
 and the loan was made before September 1, 2004
Student Loan Interest Received by Lender: \$354.00

Form 1099-G

Payer:

Payer's Federal Identification Number (FIN): XXXXX3200
 STAT
 110 ST

Recipient:

Recipient's Identification Number: XXX-XX-9514
 GU-D M
 5216 7

Submission Type: Original document
 Account Number (Optional): XXXX8177
 RTAA Payments: \$0.00
 Tax Withheld: \$0.00
 Taxable Grants: \$0.00
 Unemployment Compensation: \$0.00
 Agricultural Subsidies: \$0.00
 Prior Year Refund: \$105.00
 Market gain on Commodity Credit Corporation loans repaid: \$0.00
 Year of Refund: 2013
 1099G Offset: Not Refund, Credit, or Offset for Trade or Business

Form 1099-G

Payer:

Payer's Federal Identification Number (FIN): XXXXX3200
 STAT
 110 ST

Recipient:

Recipient's Identification Number: XXX-XX-9514
 GU-D M
 5216 7

Submission Type: Original document
 Account Number (Optional): XXXX4260
 RTAA Payments: \$0.00
 Tax Withheld: \$0.00
 Taxable Grants: \$0.00
 Unemployment Compensation: \$0.00
 Agricultural Subsidies: \$122.00
 Prior Year Refund: \$0.00
 Market gain on Commodity Credit Corporation loans repaid: \$0.00
 Year of Refund: 2014
 1099G Offset: Not Refund, Credit, or Offset for Trade or Business

Form 1099-G

Payer:

Tracking Number: 104671567675
 Payer's Federal Identification Number (FIN):XXXXX3200
 STAT
 110 ST

Tax Period 2017 P3/3

Recipient:

Recipient's Identification Number:XXX-XX-9514
 GU-D M
 5216 7

Submission Type:.....	Original document
Account Number (Optional):.....	XXXX8932
RTAA Payments:.....	\$0.00
Tax Withheld:.....	\$0.00
Taxable Grants:.....	\$0.00
Unemployment Compensation:.....	\$0.00
Agricultural Subsidies:.....	\$0.00
Prior Year Refund:.....	\$46.00
Market gain on Commodity Credit Corporation loans repaid:.....	\$0.00
Year of Refund:.....	2016
1099G Offset:.....	Not Refund, Credit, or Offset for Trade or Business

001637

Form 1099-INT

Payer:

Payer's Federal Identification Number (FIN):XXXXX8424
 U S
 1111 C

Recipient:

Recipient's Identification Number:XXX-XX-9514
 D M G
 5216 7

Submission Type:.....	Original document
Account Number (Optional):.....	
Interest:.....	\$46.00
Tax Withheld:.....	\$0.00
Savings Bonds:.....	\$0.00
Investment Expense:.....	\$0.00
Interest Forfeiture:.....	\$0.00
Foreign Tax Paid:.....	\$0.00
Tax-Exempt Interest:.....	\$0.00
Specified Private Activity Bond Interest:.....	\$0.00
Market Discount:.....	\$0.00
Bond Premium:.....	\$0.00
Bond Premium on Tax Exempt Bond:.....	\$0.00
Bond Premium on Treasury Obligations:.....	\$0.00
Second Notice Indicator:.....	No Second Notice
Foreign Country or US Possession:.....	
CUSIP Number:.....	
FATCA Filing Requirement:.....	Box not checked no Filing Requirement

This Product Contains Sensitive Taxpayer Data


Internal Revenue Service
 United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

 Request Date: 06-02-2023
 Response Date: 06-02-2023
 Tracking Number: 104671567675

Wage and Income Transcript

 SSN Provided: XXX-XX-9514
 Tax Period Requested: December, 2018
Tax Period 2018 P1/2

Form W-2 Wage and Tax Statement

001634

Employer:

 Employer Identification Number (EIN): XXXXX8954
 COMM
 4107 1

Employee:

 Employee's Social Security Number: XXX-XX-9514
 D MI G
 P O BO

Submission Type:	Original document
Wages, Tips and Other Compensation:	\$10,458.00
Federal Income Tax Withheld:	\$81.00
Social Security Wages:	\$10,458.00
Social Security Tax Withheld:	\$648.00
Medicare Wages and Tips:	\$10,458.00
Medicare Tax Withheld:	\$151.00
Social Security Tips:	\$0.00
Allocated Tips:	\$0.00
Dependent Care Benefits:	\$0.00
Deferred Compensation:	\$0.00
Code "Q" Nontaxable Combat Pay:	\$0.00
Code "W" Employer Contributions to a Health Savings Account:	\$0.00
Code "Y" Deferrals under a section 409A nonqualified Deferred Compensation plan:	\$0.00
Code "Z" Income under section 409A on a nonqualified Deferred Compensation plan:	\$0.00
Code "R" Employer's Contribution to MSA:	\$0.00
Code "S" Employer's Contribution to Simple Account:	\$0.00
Code "T" Expenses Incurred for Qualified Adoptions:	\$0.00
Code "V" Income from exercise of non-statutory stock options:	\$0.00
Code "AA" Designated Roth Contributions under a Section 401(k) Plan:	\$0.00
Code "BB" Designated Roth Contributions under a Section 403(b) Plan:	\$0.00
Code "DD" Cost of Employer-Sponsored Health Coverage:	\$0.00
Code "EE" Designated ROTH Contributions Under a Governmental Section 457(b) Plan:	\$0.00
Code "FF" Permitted benefits under a qualified small employer health reimbursement arrangement:	\$0.00
Code "GG" Income from Qualified Equity Grants Under Section 83(i):	\$0.00
Code "HH" Aggregate Deferrals Under Section 83(i) Elections as of the Close of the Calendar Year:	\$0.00
Third Party Sick Pay Indicator:	Unanswered
Retirement Plan Indicator:	Unanswered
Statutory Employee:	Not Statutory Employee
W2 Submission Type:	Original
W2 WHC SSN Validation Code:	Correct SSN

Form 1098-E Student Loan Interest Statement

Recipient/Lender:

Tracking Number: 104671567675

Tax period 2018 P 2/2

Recipient's Federal Identification Number (FIN):XXXXX8289
US D
PO BOX

Borrower:
Borrower's Social Security Number:XXX-XX-9514
GU D M
PO BOX

Submission Type:.....Original document
Account Number (Optional):.....XXXXXXXXXXXX7581
Loan Origination Fees:
Not checked - does include loan origination fees and/or capitalized interest,
and the loan was made before September 1, 2004
Student Loan Interest Received by Lender:.....\$49.00

Form 1099-G

Payer:
Payer's Federal Identification Number (FIN):XXXXX3200
STAT
110 ST

Recipient:
Recipient's Identification Number:XXX-XX-9514
GU-D M
5216 7
Submission Type:.....Original document
Account Number (Optional):.....XXXX4117
RTAA Payments:.....\$0.00
Tax Withheld:.....\$0.00
Taxable Grants:.....\$0.00
Unemployment Compensation:.....\$0.00
Agricultural Subsidies:.....\$153.00
Prior Year Refund:.....\$0.00
Market gain on Commodity Credit Corporation loans repaid:.....\$0.00
Year of Refund:.....2017
1099G Offset:.....Not Refund, Credit, or Offset for Trade or Business

This Product Contains Sensitive Taxpayer Data


Internal Revenue Service
 United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

 Request Date: 06-02-2023
 Response Date: 06-02-2023
 Tracking Number: 104671567675

Wage and Income Transcript

 SSN Provided: XXX-XX-9514
 Tax Period Requested: December, 2019


Form SSA-1099 Benefits Statement

001632

Payer:
 Payer's Federal Identification Number (FIN):XXXXXX4813
 SOCI

Payee:
 Payee's Identification Number:XXX-XX-9514
 D M G
 PO BOX

Submission Type:	Original document
Account Number (Optional):	N/A
Pensions and Annuities (Total Benefits Paid):	\$7,144.00
Tax Withheld:	0.00
Repayments:	0.00
Workman's Compensation Offset:	0.00
TY 2018 Payments:	0.00
TY 2017 Payments:	0.00
TY 2016 Payments:	0.00
TY 2015 Payments:	0.00
Trust Fund Indicator:	Retirement
SSA/RRB Payments:	Either RRB or SSA payments

Form 1099-G

Payer:
 Payer's Federal Identification Number (FIN):XXXXXX3200
 STAT
 110 ST

Recipient:
 Recipient's Identification Number:XXX-XX-9514
 GU-D M
 5216 7

Submission Type:	Original document
Account Number (Optional):	XXXX8406
RTAA Payments:	\$0.00
Tax Withheld:	\$0.00
Taxable Grants:	\$0.00
Unemployment Compensation:	\$0.00
Agricultural Subsidies:	\$0.00
Prior Year Refund:	\$104.00
Market gain on Commodity Credit Corporation loans repaid:	\$0.00
Year of Refund:	2018
1099G Offset:	Not Refund, Credit, or Offset for Trade or Business
Second TIN Notice:	

This Product Contains Sensitive Taxpayer Data

 Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 06-02-2023
Response Date: 06-02-2023
Tracking Number: 104671567675

Wage and Income Transcript

SSN Provided: XXX-XX-9514
Tax Period Requested: December, 2020

Form SSA-1099 Benefits Statement

001636

Payer:
Payer's Federal Identification Number (FIN):XXXXX4813
SOCI

Payee:
Payee's Identification Number:XXX-XX-9514
D M G
PO BOX

Submission Type:	Original document
Account Number (Optional):	N/A
Pensions and Annuities (Total Benefits Paid):	\$7,921.00
Tax Withheld:	0.00
Repayments:	0.00
Workman's Compensation Offset:	0.00
TY 2019 Payments:	0.00
TY 2018 Payments:	0.00
TY 2017 Payments:	0.00
TY 2016 Payments:	0.00
Trust Fund Indicator:	Retirement
SSA/RRB Payments:	Either RRB or SSA payments

This Product Contains Sensitive Taxpayer Data

 Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 06-02-2023
Response Date: 06-02-2023
Tracking Number: 104671567675

Wage and Income Transcript

SSN Provided: XXX-XX-9514
Tax Period Requested: December, 2021

Form SSA-1099 Benefits Statement

001633

Payer:
Payer's Federal Identification Number (FIN):XXXXX4813
SOCI

Payee:
Payee's Identification Number:XXX-XX-9514
D M G
PO BOX

Submission Type:	Original document
Account Number (Optional):	N/A
Pensions and Annuities (Total Benefits Paid):	\$8,028.00
Tax Withheld:	0.00
Repayments:	0.00
Workman's Compensation Offset:	0.00
TY 2020 Payments:	0.00
TY 2019 Payments:	0.00
TY 2018 Payments:	0.00
TY 2017 Payments:	0.00
Trust Fund Indicator:	Retirement
SSA/RRB Payments:	Either RRB or SSA payments

This Product Contains Sensitive Taxpayer Data

 Internal Revenue Service
United States Department of the Treasury

This Product Contains Sensitive Taxpayer Data

Request Date: 06-02-2023
Response Date: 06-02-2023
Tracking Number: 104671567675

Wage and Income Transcript

SSN Provided: XXX-XX-9514
Tax Period Requested: December, 2022



Form SSA-1099 Benefits Statement

001635

Payer:
Payer's Federal Identification Number (FIN):XXXXXX4813
SOCI

Payee:
Payee's Identification Number:XXX-XX-9514
D M G
PO BOX

Submission Type:	Original document
Account Number (Optional):	N/A
Pensions and Annuities (Total Benefits Paid):	\$8,496.00
Tax Withheld:	0.00
Repayments:	0.00
Workman's Compensation Offset:	0.00
TY 2021 Payments:	0.00
TY 2020 Payments:	0.00
TY 2019 Payments:	0.00
TY 2018 Payments:	0.00
Trust Fund Indicator:	Retirement
SSA/RRB Payments:	Either RRB or SSA payments

This Product Contains Sensitive Taxpayer Data



PUBLIC SERVICE LOAN FORGIVENESS (PSLF) & TEMPORARY EXPANDED PSLF (TEPSLF) CERTIFICATION & APPLICATION

William D. Ford Federal Direct Loan (Direct Loan) Program

OMB No. 1845-0110
Form Approved
Exp. Date 08/31/2023
PSFAP - XBCR

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

proof application page 1

SECTION 1: BORROWER INFORMATION

Please enter or correct the following information.

Check this box if any of your information has changed.

SSN	<u>619-29-9514</u>		
Date of Birth	<u>07-22-1949</u>		
Name	<u>De Min Gu</u>		
Address	<u>PO Box 527990</u>		
City	<u>FLLISHING</u>	State	<u>NY</u>
Telephone - Primary	<u>917-627-1637</u>		
Telephone - Alternate			
Email	<u>d9063950@gmail.com</u>		

For more information on PSLF, visit StudentAid.gov/publicservice. To apply online, visit StudentAid.gov/PSLF.

SECTION 2: BORROWER REQUEST, UNDERSTANDINGS, AND CERTIFICATION

I request (1) that the U.S. Department of Education (the Department) determine whether I qualify for PSLF or TESPLF, and discharge any qualifying loans that I have, and (2) if none of my loans qualify for PSLF or TEPSLF when I submit this form, determine how many qualifying payments I have made towards PSLF and TEPSLF.

I just want to find out how many qualifying payments I have made or if my employer is a qualified employer.

I believe I qualify for forgiveness under PSLF or TEPSLF right now.

If I indicated that I believe I qualify for forgiveness now, I want a forbearance while my application is being processed, but understand that periods of forbearance do not count towards forgiveness.

I understand that:

1. To qualify for forgiveness, I must have made 120 qualifying payments on my Direct Loans while employed full-time by a qualifying employer. Neither the 120 qualifying payments nor employment have to be consecutive.
2. To qualify for forgiveness, I must be employed full-time by a qualifying employer when I apply for and get forgiveness.
3. By submitting this form, my student loans held by the Department may be transferred to MOHELA.
4. If the Department determines that I appear to be eligible for forgiveness, the Department may contact my employer before granting forgiveness to ensure that I continue to work for the employer.
5. If I am eligible for forgiveness, the amount forgiven will be the principal and interest that was due on my eligible Direct Loans when I made my final qualifying payment. Any amount that I pay on those loans after I have made my final qualifying payment will be treated as an overpayment. I must continue to make payments on any of my other loans.
6. If I am not eligible for forgiveness, I will be notified of the determination, why it was made, and how many qualifying payments I have made towards PSLF and TEPSLF.

I certify that all of the information I have provided on this form and in any accompanying document is true, complete, and correct to the best of my knowledge and belief and that if I cease to be employed by a qualifying employer after I submit this application, but before forgiveness is granted, I will notify the Department (see Section 7) immediately.

Check this box if you cannot obtain certification from your employer because the organization is closed or because the organization has refused to certify your employment. The Department will follow up to assist you in getting documentation of your employment. **Complete Section 3, but do not complete Section 4.**

Borrower's Signature De Min Gu

Date 07/27/2022

Borrower Name De Min GuBorrower SSN 619-29-9514**SECTION 3: EMPLOYER INFORMATION (TO BE COMPLETED BY THE BORROWER OR EMPLOYER)**

1. Employer Name:

(See attached Paper P1 - P2)

1. Community Home Care Referral Service, INC

2. Federal Employer Identification Number (FEIN)

3. Employer Address:

3920 13th Ave Brooklyn, NY 11218

4. Employer Website (if any):

5. Employment Begin Date:

07-28-2015

6. Employment End Date:

12-30-2018

OR

 Still Employed7. Employment Status: Full-Time Part-Time8. Hours Per Week (Average) 30 hrs

Include vacation, leave time, or any leave taken under the Family Medical Leave Act of 1993.

9. Is your employer a **governmental** organization?

A governmental organization is a Federal, State, local, or Tribal government organization, agency, or entity, a public child or family service agency, a Tribal college or university, or the Peace Corps or AmeriCorps. Federal service includes military service.

 Yes - Skip to Section 4. No - Continue to Item 10.

10. Is your employer tax-exempt under Section 501(c)(3) of the Internal Revenue Code (IRC)?

If your employer is tax-exempt under another subsection of 501(c) of the IRC, such as 501(c)(4) or 501(c)(6), check "No" to this question.

 Yes - Skip to Section 4. No - Continue to Item 11.11. Is your employer a **not-for-profit** organization that is **not** tax-exempt under Section 501(c)(3) of the Internal Revenue Code? Yes - Continue to Item 12. No - Your employer does not qualify.

12. Is your employer a partisan political organization or a labor union?

 Yes - Your employer does not qualify. No - Continue to Item 13.

13. Which of the following services does your employer provide? Check all that apply and then continue to Section 4. If you check "None of the above", do not submit this form.

 Emergency management Military service (See Section 6) Public safety Law enforcement Public interest legal services (See Section 6) Early childhood education (See Section 6) Public service for individuals with disabilities Public service for the elderly Public health (See Section 6) Public education Public library services School library services Other school-based services None of the above - the employer does not qualify.**SECTION 4: EMPLOYER CERTIFICATION (TO BE COMPLETED BY THE EMPLOYER)**

By signing, I **certify** (1) that the information in Section 3 is true, complete, and correct to the best of my knowledge and belief, (2) that I am an authorized official (see Section 6) of the organization named in Section 3, and (3) that the borrower named in Section 1 is or was an employee of the organization named in Section 3.

Note: If any of the information is crossed out or altered in Section 3, you must initial those changes.

Official's Name _____

Official's Phone _____

Official's Title _____

Official's Email _____

Authorized Official's Signature _____

Date _____

TO 866-222-7060

Attached paper

Proof application P3

SSN 619-29-9544

I have ever worked companies' name:

2. Chinese-American Planning Council Home Attendant

Program, Inc. MCO/MTC contacts

One Yorks ST. 2nd Floor NY, NY 10013

212-219-8100

2142 謝小姐 304

3. It was a Taiwanese home care company. I could not remember.

4. All Metro Health Care

80 Broad ST. 14th Floor NY, NY 10004

212-867-6530

212-867-6530

Metro Corp 516-821-4400

Hours Per week (average) between 30-35

女傭工 Aha 1074 To pay roll

5. Partners in Care EIN: 13-3885748 212-609-7600

1250 Broadway 10 Floor

NY, NY 10001

212-609-7700

212-609-4442 ext 4

(pay roll) -2
-7580/
7578Employment Status: Full-Time

Hours Per week (average) Over 35 hours

6. Personal-Touch Home Health services 3636 33 ST. 501 Long Island

786-18 Hillside Ave

city 11106 Employee Service

Jamaica, NY 11432-3214

718-468-2500

7. Best Care Inc

718-377-7077

1781 Flatbush Ave

8. People Care Inc.

116 W. 32nd ST. 15 Floor

NY, NY 10001 212-631-7347

9. Prestige Care, Inc

12 West 18th ST. 2nd Floor, NY, NY 10011

212-675-8412

TO 866-222-7060

proof application P.4

SSN 619--

4

I explain the reason why I can not obtain certification from my employers.

Because in I had worked every company, the intelligence agencies had planted their people. They controlled my work time allocation, and radiated important part of my body. I did not know the intelligence agency's relation with boss.

My words' evidence that I sued Bill Clinton using human body making radiation experiments' Executive Order 12891 and Federal Bureau of Investigation implementing his Executive Order 12891 to Supreme Court of the U.S. Washington, DC. My case number 17-8962. I attached a copy of Supreme Court letter P3 and a copy of Clinton's Executive Order 12891 P4 to the PSLF application.

During I worked at Community Home Care Referral Service, Inc, address: 3920 13th Ave, Brooklyn, NY 11218, from 2017 some people of the CIA by Neal Ted (he is a manager of Great Lakes Education Loan services of Department of Education) controlled my work time allocation, and sexual harassment and sexual organ damage to me. My words' evidence that I charged Neal to NYS Senator Kristen Gillibrand in Septem, 2021, after that the persons I were accusing stopped sexual harassment and sexual organ damage to me.

Sincerely,

De Min Gu

Dennis Gu

07/27/2022

proof page P5

TRANSMISSION VERIFICATION REPORT

TIME : 06/14/2023 02:44PM
NAME :
FAX :
TEL :
SER. # : U65529H1N490761

DATE, TIME	06/14 02:43PM
FAX NO. / NAME	8662227060
DURATION	00:00:40
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

The reverse of some w-2 forms is not useful, thus faxed one page at a time. For saving space I only submitted one page fax proof.
Actually faxed 23 pages.

TRANSMISSION VERIFICATION REPORT

Proof page P6

TIME : 06/20/2023 09:57AM
NAME :
FAX :
TEL :
SER. # : U65529H1N490761

DATE, TIME	06/20 09:50AM
FAX NO./NAME	8662227060
DURATION	00:06:56
PAGE(S)	23
RESULT	OK
MODE	STANDARD ECM

Proof Page P7

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U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>																							
For delivery information, visit our website at www.usps.com ®.																							
Chesterfield, MI 48226-1243																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Certified Mail Fee</td> <td style="width: 90%;">\$ 4.15</td> </tr> <tr> <td colspan="2">Extra Services & Fees (check box, add fee as appropriate)</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (hardcopy)</td> <td>\$ 0.00</td> </tr> <tr> <td><input type="checkbox"/> Return Receipt (electronic)</td> <td>\$ 0.00</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td>\$ 0.00</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Required</td> <td>\$ 0.00</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="2">Postage</td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$1.98</td> </tr> <tr> <td colspan="2">Total Postage and Fees</td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: right;">\$6.13</td> </tr> </table>		Certified Mail Fee	\$ 4.15	Extra Services & Fees (check box, add fee as appropriate)		<input type="checkbox"/> Return Receipt (hardcopy)	\$ 0.00	<input type="checkbox"/> Return Receipt (electronic)	\$ 0.00	<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 0.00	<input type="checkbox"/> Adult Signature Required	\$ 0.00	<input type="checkbox"/> Adult Signature Restricted Delivery	\$ 0.00	Postage		\$	\$1.98	Total Postage and Fees		\$	\$6.13
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<p>Sent to U.S. Department of Education, <i>Maria L. Johnson</i> Street and Apt. No. or PO Box No. 633 Spirit Drive. City, State, ZIP/48 <i>Chesterfield, MI 48226-1243</i></p>																							
<small>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</small>																							

